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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none HA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none HA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>HA</u>				

## ADDRESS

24353

## TITLE

Scatter correction in scanning imaging systems

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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